

TERMINATION OF TREATMENT:
A STUDY OF THE PROBLEMS ENCOUNTERED AND THEIR MANAGEMENT

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Abstract

Despite a renewed emphasis in clinical social work, the termination of treatment from clinical settings remains an overlooked dimension of social work practice. This paper is directed primarily towards the implications of the study of the termination of treatment for a successful maintenance of progress made during the treatment process. The review of the literature provided a basis for comparing the results of interviews with eight clinical practitioners. Each clinician was interviewed with the intent of gathering data related to the themes stated in Chapter I. The resulting analysis indicated which problems were noted in the termination phase and how they were managed in order to complete the process of termination. More specific concluding details along with recommendations for further action are found in Chapter V.

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CHAPTER I

THE PROBLEM AND ITS SETTING

Introduction

The termination of treatment, as a distinct phase of the therapeutic process, has not received the emphasis in research and study as have other phases of treatment such as intake and on-going process. Part of the reason for this lack of attention is the painful nature of the termination phase, whereby the client questions his ability to function without his therapist and the therapist questions the effectiveness of his intervention. It is essential, therefore, that the delineation and study of the problems associated with the termination phase become an integral part of the treatment process if the outcome of therapy is to be successful.

This study was undertaken as a response to indications pointing to a lack of emphasis of the termination of treatment as reported in the professional literature and in clinical practice. Therefore, this project explores the existing material in the literature which relates to the problems encountered in the termination of treatment and compares these problems with those reported by practicing clinicians in the community. This was accomplished by interviewing a group of selected practitioners in the Phoenix area who are professionally employed in outpatient and inpatient clinical settings. The interview also showed which problems noted in the literature were reported by practitioners, and how they were handled in order to achieve successful termination.

The Statement of the Problem

The purpose of the study was to analyze the problems inherent in the termination of treatment in clinical settings by reviewing the literature on termination and comparing the findings with results of field interviews with clinical practitioners. These problems were identified as fear and anxiety, depression, feelings of rejection, regression to earlier symptomatic behavior, and were analyzed in order to determine the implication of these factors in achieving successful termination of treatment.

The scope of the study was limited to the problems encountered in the termination phase as they occurred in psychiatric inpatient and outpatient clinical settings. In order to generate knowledge for social work practice, the formulation of an hypothesis was deferred until the study was completed, thereby maximizing its effectiveness and relevance.

Assumptions

The first assumption. The first assumption was that there were problems which arose during the termination phase that were specific to, and resulting from that phase.

The second assumption. The second assumption was that problems encountered in the termination phase might be different for inpatient and outpatient clinical settings.

The third assumption. The third assumption was that a consideration of the different problems encountered in the termination phase could influence the successful completion of that phase.

The fourth assumption. The fourth assumption was that the termination phase would have an effect on the therapist as well as the client.

Themes of the Study

Data collected in the study were related to the following themes:

1. to ascertain from a group of clinicians their understanding of the concept of termination of treatment in clinical settings.
2. to determine the process by which clinicians terminate their clients.
3. to discover any problems encountered by clinicians in the course of their practice when terminating clients.
4. to ascertain if a relationship exists between problems encountered in the termination of treatment and the clinical setting in which termination takes place (inpatient or outpatient clinical settings).
5. to ascertain from a group of clinicians their consideration of the importance of full integration of the termination phase into treatment plans for individual clients.

The Definition of Terms

Termination of treatment. Termination of treatment is that phase of the therapeutic process whereby the clinician and the client have determined that sufficient progress has been made toward goal attainment, and therefore they must end the relationship with a minimal amount of stress for the client, in order to maintain gains made during treatment.

Outpatient clinical setting. An outpatient clinical setting is a type of treatment facility where clients come to a designated location

for weekly treatment sessions while continuing to live at home and function in the community.

Inpatient clinical setting. An inpatient clinical setting is a type of treatment facility where clients live as a result of voluntary or court ordered involuntary commitment for treatment services. They are removed from the home and community.

Milieu setting. Will be used interchangeably as a term with inpatient clinical settings.

Inherent problems. Problems which are specific and arising out of the termination phase of treatment.

CHAPTER II

THE REVIEW OF THE RELATED LITERATURE

The discussion of the termination of treatment as a problem area in the course of therapy with individuals is based in the psychoanalytic writings. As early as 1927 this problem was addressed by Ferenczi (1955) when he reported that there was a recurrence of symptoms toward the ending of analysis. He was convinced that the relationship between the analyst and patient was crucial to the outcome of analysis and he further stated that "... when we have learned sufficiently from our errors and mistakes, when we have gradually learned to take into account the weak points in our own personality, the number of fully analyzed cases will increase" (p. 96). As a means to this end, Ferenczi advocated that every analyst be fully analyzed before attempting to treat individual patients. Ten years later Freud (1937) described the termination of analysis as a mourning process whereby the patient slowly becomes aware of the fact that in analysis he preserves means of satisfaction that do not bring him anything in reality.

During the war torn period following Freud's publication of Analysis Terminable and Interminable, there was a lack of attention paid to the study of termination of treatment. However, in the early 1950's there appeared a number of journal articles dealing with this subject. Buxbaum (1950) reported that she frequently found that symptoms reappeared, or the patient had an anxiety attack when termination of analysis was discussed.

She described these symptoms as a last attempt by the patient to hold on to the analyst, with the repetition of the initial symptom as the beginning of the whole neurosis compressed into a short period of time. In this way the patient tries to establish control of his neurosis or unconscious (p. 190). In keeping with the traditional psychoanalysts, she saw termination techniques as evolving from an understanding of the patient's neurosis and his particular character structure.

Like Freud, Klein (1950) understood the termination of an analysis as a mourning process, whereby the anxieties and depressive feelings experienced in earlier situations of parting were revived, especially those associated by the unconscious during infancy. When considering termination Klein cautioned analysts to ask "... have persecutory and depressive anxieties been reduced, and has the patient's relation to the external world been sufficiently strengthened to enable him to deal satisfactorily with the situation of mourning arising at this point..." (p. 204). Reich (1950) also saw termination as mourning the loss of the analyst. Furthermore, even though both patient and analyst agree that there is no further need for analysis, the patient has a feeling of loss at the time of the termination which is overcome only slowly during the course of time (p. 181). Reich offered an example of a student who related his experience in analysis to her that was quite revealing:

I felt as if I were suddenly left alone in the world. It was like the feeling I had after the death of my mother. I tried with effort to find somebody to love, something to be interested in. For months I longed for the analyst and wished to tell him about whatever happened to me. Then slowly, without noticing how it happened, I forgot about him. About two years later, I happened to meet him at a party and thought he was just a nice elderly gentleman and in no way interesting. (p. 182)

Reich also described a flareup of symptoms in the termination phase which can be understood as an attempt by the patient to convince the analyst to continue treatment. She also considered the effect of termination on the analyst when stating that analysts sometimes have a tendency to terminate early because of "... a narcissistic need to achieve results quickly" (p. 183), in addition to some analysts who can not give up a patient and seem to enjoy the dependency situation.

A different approach to the problem was the view that termination was "... comparable with the anxieties of growing up, leaving school, leaving the university, rebirth, weaning, all being critical times involving a re-organization of ego and libidinal interests" (Payne, 1950, p. 205). As had previous analysts, she also noticed a recurrence of symptoms when the patient realized that treatment would end. In addition, she saw a problem in dependency, specifically in deciding how far the patient had attained ego independence from the therapist, when looking for criteria to terminate.

Following what seemed to be the dominant trend in psychoanalysis at the time, Weigert (1952) described termination as "... an experience of loss which mobilizes all the resistances in the transference for a final struggle" (p. 468). To meet this problem she recommended that the analyst be more spontaneous, regardless of the vulnerabilities which may be revealed. This phase also showed a recrudescence of symptoms when termination of analysis was contemplated by patient and analyst, and Weigert warned the analyst that he has the responsibility of clarifying in his mind the indications for termination, with the hope of reaching a mutual agreement with the patient (p. 465).

In the later 1950's the study of the termination of treatment ceased to be solely studied by psychoanalytic clinicians. Pumpian-Mindlin (1958) focused on the therapist's role in the process. He felt that it would be common for the therapist to have difficulties terminating a client when he has spent most of his time examining malfunctions and not spent enough time examining the ego-strengths of the client. In all therapy the focus of material obtained about the client deals with weaknesses of personality functioning. Therefore, it is important for the therapist to remove himself from the therapeutic process to a certain extent and get a better perspective of the client's assets and liabilities. This would include consultation with staff members in a clinic setting (pp. 458-459).

A few years later, there was a study done concerning the details of the reactions to the experience of separation for five boys, 12 to 14 years of age, who were to be terminated from receiving intensive treatment in a residential program for a period of five years (Stoeffler, 1960). These boys were placed in residential treatment as a result of severe hyper-aggressive, acting-out behavior. The study identified four major reactions which were seen as peculiar to the separation experience. They were identified as depression, fear and panic, reactivation of old pathology, and feelings of rejection (pp. 524-527). Depression was the result of the difficulty that the disturbed children had in expressing their true feelings. They became close to the staff members but it was hard for them to express their feelings that were related to the loss of love objects. Their reactions of fear and panic were similar to those of a child who experiences separation when attending school for the first time. Each boy displayed former acting-out and aggressive behaviors, and engaged in frequent testing of the staff. They believed that they were being rejected; however, their

feelings of rejection were not always verbalized but they were manifest in the boys' acting-out behavior.

Schiff (1962) wrote about the problems encountered when terminating therapy in a community psychiatric outpatient clinic. He cited the inappropriateness of using psychoanalytic criteria to terminate in an outpatient clinic. He stated that the majority of patients seen came with a pressing chief complaint for which they sought help as opposed to insight or resolution of conflicts. Following logically then, he considered the question of when to consider termination in an outpatient clinic primarily in terms of the degree to which the patients initial presenting symptoms had remitted (pp. 77-78). In terminating with clients in this setting, he encountered feelings of rejection and abandonment in the individual where they feel that they are "... kicked out to sink or swim" (p. 79). In these cases the patient refused to accept the idea of termination (denial) except at a time in the distant future. He also noted that symptom recurrence was frequently encountered as the reality of termination became less remote to the patient. His explanation for these responses to termination lies in the fact that some patients had formed a close relationship with another person for possibly the first time. In concluding his discussion, Schiff also saw the setting as an obstacle, in the sense that the therapist may be biased toward long-term intensive psychotherapy (which the community outpatient clinic does not offer), and also, the client may wonder if he could have received better treatment from a private psychiatrist (p. 81).

In a book published in 1963, Edelson considered separation as one of life's central experiences, and was the main focus of the termination

process. Furthermore, he described separation as a part of all that in life which we value most, such as growth, achievement and anticipation (p. 20). As such, he felt that each patient must find his own way to handle this separation, which should be an expression of his own lifestyle, regardless of the therapist's values. Previous experiences with separating in therapy such as vacations and interruptions, serve as a means to confront the ending of therapy and separation from the therapist. Edelson, therefore, seemed to consider the management of this phase was best accomplished by helping the patient with his ability to cope with separational anxiety. He stated that "the patients capacity to cope effectively and constructively with the pain of termination depends upon the attention paid to these matters during the entire course of treatment" (p. 26).

Edelson considered three major themes associated with any patient's life at the time of termination with specific responses to them. He found the theme of narcissism (self-love) and the response to a narcissistic wound, including panic, rage, and a pervasive sense of worthlessness; the theme of mourning with accompanying feelings of guilt and grief; and, the theme of the struggle toward maturity and independence, including feelings of competitiveness, defiance, envy, jealousy, and the anxiety associated with these (pp. 26-70).

Around this time there also appeared a book of readings on child psychotherapy which included three articles on the termination phase with children. One described the ending phase as the essence of the child's affirmation of himself as an individual, not in isolation but in relation to others (Allen 1964). He went on to say that every step the therapist makes that helps the child to be a participant in his own change is one

that helps the child assume responsibility for a self which he can accept as uniquely his. With this frame of mind, the ending phase of therapy becomes a process whereby the child can become aware of differences in himself that are perceived as he develops within the steady environment of the therapeutic relationship (p. 293). Allen found problems with anxiety to the separation experience and symptom return, which could be seen as efforts by the child to cling to a source of help which he no longer needed. Allen cautioned therapists that this was not evidence that the child needed more help. To postpone the ending and fail to sense the meaning of these responses was a major error which could damage the values that had emerged in therapy by forcing the child to terminate negatively (p. 296).

Ross (1964) felt that there were two main issues in therapy with children, namely, interruptions and termination. He saw these events as related in as much as both could be perceived as rejections, both being situations where the therapist withdraws from therapy at what seems an arbitrary time to the child (p. 290). In addition, he reported observing an exacerbation of the child's difficulty around the time of termination. The setting in which treatment takes place was addressed by Ross when he advised that the decision to terminate in an outpatient clinic should be made in a staff conference on the basis of reports from therapists involved in the case. In determining whether termination is indicated, Ross found it useful to ask, "would the parents have brought the child for treatment if his condition at that time had been what it is today?" (p. 292).

In discussing the case example of a 7 year old boy who was terminating treatment, Taft (1964) noted a fear of leaving the therapeutic relationship, regression to earlier symptomatic behaviors, and the child's feelings of high expectations and a fear of individuation. The child sometimes feels as if too much were being expected of him. He feels that he can not do it himself, so he regresses in order that the therapist might be made to assume the burden by refusing to let him go or conversely, by forcing him out. The fear of individuation was attributed to the struggle of the child's ego to reject the supporting relationship and assert the independent self (p. 299-301).

Following the experiences in coping reported by Edelson (1963), Hiatt (1965) advised therapists to examine the patient's previous history of coping with separation as a way to address the problem of termination of therapy. He believed that these past situations would give an idea of the patient's tolerance, and his methods of handling breaks in relationships. Reactions to termination of therapy were reported as feelings of rejection, regression to earlier symptomatic behavior, and introduction by the patient of new external stresses, which indicated provocative acting-out rather than coincidence. Hiatt cautioned that many inexperienced therapists frequently relinquish their plans for termination "when under the onslaught of a patient's dependency transference" (pp. 612-613). He went on to say that during the termination process, the resurgence of illness was shortened and of less intensity, but nevertheless it required that the therapist not give in to the patient. Hiatt left us with a positive note when he claimed that the termination phase of psychotherapy could also be a motivator toward the resolution of problems, resulting in positive deep insight and genuine effort to face unresolved problems (p. 613).

In the late 1960's and early 1970's there came a number of studies by social work clinicians on the termination of treatment as a distinct process in clinical social work practice. Fox, Nelson, and Bolman (1969) spoke of the termination process as a neglected phase of treatment with individuals. They felt that the manner in which the therapeutic relationship was brought to a close would heavily influence the degree to which gains were maintained. Additionally, they stated that a failure to work through the attitudes and feelings related to the ending of therapy would result in a weakening or undoing of therapeutic work (p. 53). The authors gathered, in their study of writings related to other types of loss, that it would be possible to identify the major reactions to termination that may cause problems. They found sadness or grief over the loss of the therapist, a noted increase in anger at the worker for leaving the relationship, and as had Edelson (1963), that there were narcissistic wounds based on disappointed expectations. With this understanding they claimed that it was possible to describe three phases in the management of these reactions that constituted the termination process. First, there would be an initial denial against the reality of the imminent loss. Second, there would be a period of emotional reaction and expression of sadness, hurt, and anger. Finally, the patient could work through, with the help of the therapist, all the feelings mentioned previously, so that both worker and client could bring their relationship to a close and participate in new relationships (p. 63).

In that same year there was a book published which dealt with the termination stage as it related to a group situation, and individual members of the group (Northen, 1969, chap. 8). Northen seemed to emphasize the ambivalence which she felt was a common occurrence in the termination

phase of the group, for clients as well as the worker. She observed that the expression of ambivalent feelings about termination made it easier for members to evaluate their group experience realistically. She went further in saying that if these ambivalences were worked through, the members' energies would be released to pursue other tasks in the group. Northen was specific in advising social workers that the timing of termination was crucial to its success; it being ideally correct when the social worker could make a sound judgement that there had been sufficient progress made to enable the group members to consolidate gains made, without the further help of the worker, or the group. She cautioned, however, that if "termination is discussed too early, anxiety and hostility may be aroused which detract from motivation to use the group fully toward goal achievement" (p. 228).

Addressing herself specifically to problems arising during the termination phase, she observed denial that the group was terminating, and a return to earlier patterns of behavior or negative symptoms, which might manifest as an inability to cope with situations and tasks that had apparently been mastered earlier or as a reactivation of conflicts among members. Northen cautioned the social worker in the termination phase that he should not take these negative symptoms for actual regression. Rather, the therapist should understand the acts as the members' method of reassuring themselves that he continues to accept them. In other words, the negative behavior expresses anxiety that the therapist will put the members out before they are ready to leave (pp. 230-231). Termination of treatment, as mentioned previously, has an effect on the social worker, in addition to group members. Northen found there to be a sense of loss from meaningful relationships; guilt feelings for not having had the time or skill to

do a better job; and doubts about the nature and permanence of the gains made by the members, with the danger of leading to a desire to hang on to the group longer than necessary (p. 233).

An article addressing the problems in terminating adolescent clients from residential treatment, pointed out the particular effects that termination had on the youngster and the other members of the milieu setting (Bolen, 1972). The author warned the therapist and counselors in residential treatment settings that any problems arising during this phase were normal difficulties arising from the termination process. Ideally, she saw termination as a structured, gradual weaning of the client from the relationship with the therapist and counselors with particular attention paid to problems encountered. Any problems seen arising at that time should be viewed as being motivated by the fear of loss of love objects (p. 520). Bolen claims that part of the reason for problem formation in the termination phase was due to the nature of residential treatment. Specifically, children placed in a milieu setting begin to form attachments to staff and peers, the very people who remained with them while they were acting-out and testing their commitment to them. Compounding this situation further is the fact that many of these children have experienced deprivation and rejection for most of their lives and it therefore is very hard for them to terminate from these people who have shown them love and caring for possibly the first time (p. 521).

Regarding specific problematic reactions to the termination of treatment, Bolen noted a regression to some earlier forms of behavior, rejection seeking behavior, and angry projection. She saw regressive behavior as functional for the adolescent in that it allowed him to test the therapist

and staff to see if they did in fact, care for him. The adolescent also will act out in an attempt to provoke staff and peers into rejecting him. This is a way for him to confirm his fears that staff never liked him anyway. Related to this problem was the child who engaged in angry projection, whereby his steps to test his newly emerging independence by detaching from peers and staff would arise fear, and he would accuse everyone else of withdrawing from him (p. 523).

Bolen continued her discussion by emphasizing that each child's termination phase could be used as a method of preparing others in the group for their own inevitable termination date. Adolescents, and younger children especially, could become lost in a termination date that seems far off. She therefore urged that termination be integrated into the treatment process so that "the child may realize that treatment is temporary and that it is safe to invest love in other people because he will be able to take that with him into the community" (p. 525).

In concluding her study, Bolen recommended that staff of the residential center discuss their own experiences regarding separation since it is a painful time for all involved. She specifically warned staff that verbal abuse and acting-out behavior directed at them was phase-appropriate and not personally directed at them. Furthermore she stated that when staff had no understanding of the phenomenon of regression during the termination phase, they tended to make unrealistic demands on the adolescent. They are frequently made to wear the role of leader and set an example for the other residents. Most youngsters will manage to carry this role for a time because they still have an ego-investment in their special status. However, they do not need this additional pressure at this time.

The hopeful emerging of the termination phase as an overlooked dimension of treatment in social work was its discussion in a basic text for social work students (Compton and Galaway, 1975, chap. 11). The authors made a strong pitch for the necessity of added emphasis on this phase of social work treatment. They saw termination as significant in that there was grief expressed at the ending of a relationship where there was a great investment of emotions and feelings of one person with another. This grief therefore would be the basis for problems encountered such as a return to patterns of earlier behavior or a reintroduction of situations and tasks that had been previously resolved, and explosive behavior where the client was communicating that the worker was wrong when he thought that the client could go it alone. For the social worker, termination arouses emotions about both his professional judgement and his feelings for his clients, including his mixed feelings about the quality of his work, his guilt about not having been able to do better and his fear of his client's effort to go ahead on his own (p. 430).

Summary

From the preceding review of the related literature, it was evident that, although the literature was lacking, there was general agreement as to specific problems encountered that were phase appropriate. There was also agreement that the termination of treatment should be an integral part of the treatment process, and planned as such from the initial interview.

The scope of this project was to analyze problems associated with the termination of treatment and on the basis of the analysis, provide a clear picture of the termination phase and its management, for successful

maintenance of gains made during the course of treatment. The information gained in this section, although meager in relation to the importance of the subject, nevertheless gives the opportunity to compare it with what is happening in clinical practice today and thereby arrive at the implications for social work practice.

CHAPTER III

METHODOLOGY

Overview

This section serves as a guide to the method of collecting data for the study and identifies the plan for data collection and analysis of the project themes.

Method

The researcher classified this endeavor as an exploratory study. Tripodi, Fellin, and Meyer (1969) defined exploratory studies as "... research investigations which have as their purpose the formulation of a problem or questions, developing hypotheses, or increasing an investigator's familiarity of a phenomenon or setting for more precise future research. The intent to clarify or modify concepts may also be predominant (p. 48). Essentially, the concept of termination of treatment was explored with close attention paid to specific problems encountered in the termination phase and their management, in order to maintain gains made during treatment.

Sample and Procedures

The subjects comprising the sample for this study were eight practicing clinicians who were professionally employed in outpatient and inpatient clinical settings. The selection of these subjects was not a random sample but rather a purposive sample. Kerlinger (1967) defined

purposive sampling as being "... characterized by the use of judgement and a deliberate effort to obtain representative samples by including presumably typical areas or groups in the sample (p. 129). The researcher had been professionally acquainted with these clinicians in practice in the community and a rapport had been developed. This was essential to the exploration of the concept of termination due in part to the nature of the interview. The questions used in the interview were open-ended without unnecessary structuring of the interview process itself and were formulated to generate data according to the themes of the study. Each clinician was interviewed for a minimum of thirty minutes with the researcher using a tape recorder to minimize the disruption in flow of information. It was imperative that interviewer and subject be able to engage in a dialogue to discuss the concept of termination and their understanding of it. The researcher had detailed experience concerning the problems encountered in the termination phase of treatment and this facilitated interaction with the practitioners.

The purpose of gathering information in this manner was not to support a specific hypothesis because hypothesis formulation had been deferred until the conclusion of the study; rather it was to ascertain whether or not the findings of previous researchers on the termination of treatment was in fact comparable to what was reported in clinical practice.

Data Collection

As previously stated, the method for collecting data in this study was the use of an interview utilizing open-ended questions. In order to generate data that was related to the themes of the study, the following questions were asked of each practitioner:

1. What is your understanding of the termination phase of the treatment process?
2. What process or method do you use to terminate clients and could you describe this process with case examples?
3. In your daily practice, have you been able to identify any problems which arise that you might attribute to the termination of treatment and could you state those problems?
4. What kinds of problems encountered in the termination of treatment do you think are related to practice in outpatient and inpatient clinical settings?
5. As a practitioner dealing with individual clients, how do you see the termination phase in the overall context of your treatment plan with these clients?

Summary

The focus of the interview was to ascertain from the sample of practicing clinicians their understanding of the termination of treatment, any problems encountered in this phase, and methods they utilized to handle these problems. This information was then compared with the findings in the review of the related literature in order to determine the extent to which problems noted in the literature were reported by clinicians in the field, and additionally, how these problems were handled in order to achieve successful completion of the termination phase.

CHAPTER IV

FINDINGS

Overview

This chapter contains the results of field interviews with eight practicing clinicians in the Phoenix metropolitan area. Each clinician is identified by his/her profession, and all data collected is presented in relation to the five themes of the project that were presented in Chapter I. The researcher states each theme individually, followed by the corresponding data.

Theme I

To ascertain from a group of clinicians their understanding of the concept of termination of treatment in clinical settings.

Psychiatrist A stated that he viewed termination of treatment as the ending phase of a therapeutic relationship. In addition, he made a distinction between terminating a relationship because the therapist believes the patient is cured and terminating because the patient simply stops coming to therapy sessions. Addressing the former statement he proceeded to say that in terms of the therapist and client agreeing to end the relationship, that point would be considered the beginning of the termination phase.

Psychiatric nurse A stated that in order for the termination phase to progress properly, both the patient and the therapist must involve themselves. In other words, she felt as though the termination phase was of such great importance to the therapeutic process that both patient and therapist must mutually agree to terminate.

Psychiatric social worker A saw termination as beginning at the point where the goals set by the therapist and client have been met, not at the point where the client stops coming in for sessions. She went on to say that the termination phase needs to be planned from the beginning and that the client must include himself in the process.

Residential treatment therapist A believed that the termination phase was the most important phase of the treatment process because therapy was either a success, where the patient and therapist could feel good about it, or it could be a failure, where the patient might harbor resentment and anger at the therapist and the therapist might question the appropriateness of his intervention.

Clinical psychologist A interpreted the termination of treatment as that phase where the therapist and patient begin to "wean off" each other, since the decision was made to end the relationship. He also saw it as a time when the therapist helped evaluate the patient to see if he had the personal resources to make it without external structure (the therapeutic relationship). As a part of this, he stated that all transference and counter-transference problems should be resolved in this phase; if not termination is not a complete process.

Psychiatric social worker B saw the termination phase as a specific developmental stage in the treatment process. In further explaining he stated that termination was one part of a three part process in treatment. The first part was the establishment of a rapport or relationship; the second part was the on-going process; and the third part of the process was the termination phase, which was the ending phase of the total treatment process.

Clinical psychologist B stated that the termination of treatment was the ending of the relationship between client and therapist, and as such was the ending of the therapeutic process. Ideally termination was considered when therapist and client agreed that goals had been reached and as a result their relationship must come to an end.

Psychiatric social worker C saw the termination phase as a "point of focus" in the therapeutic relationship. He explained by stating that the point of focus was the reality that the relationship must end and that all unfinished work in the therapy sessions be completed before the patient was terminated. By using this reference, the therapist and client are both aware of the time-limited nature of their relationship.

Theme II

To determine the process by which clinicians terminate their clients.

Psychiatrist A did not have a specific method or process to terminate clients. However, he did give a case example of an instance where a specific method of termination, or rather termination per se, could not be

undertaken. He spoke of a chronic schizophrenic woman who came to see him for monthly sessions. These sessions were solely spent in being supportive of this woman and she was taking psychotropic medications as part of therapy. Psychiatrist A stated that this could be considered a successful termination in the sense that this lady was not psychotic and that she was functioning in society and had stabilized her life. Presenting symptoms had remitted and she would most likely continue seeing him monthly for as long as they were both in the community. His point was that he did not use a specific method to terminate because it was not indicated.

Psychiatric nurse A stated that she begins to terminate her clients when she has an intuitive feeling that the client has internalized enough ego-strengths to handle the stresses of the termination process. She also looked for the client's report of positive behavioral changes. When this had been determined, she spaced out the sessions from weekly, to bi-weekly, to monthly. She gave a case example which indicated the time was right to terminate. She was treating a client who was motivated to resolve her problems, and at the point where the client started indicating to her that therapy was becoming boring she knew the client was ready to terminate.

Psychiatric social worker A stretched out appointments after progress was apparent, but before bringing up a termination date. She felt that stretching out appointments before a date was set and while progress was being made could be behaviorally reinforcing for the client. As a result, the client could gather ego-strengths through his progress and the therapist and client could then work out a suitable termination date. Other times she and her clients contract for a number of sessions in their initial meetings.

Residential treatment therapist A stated that when the therapist and client agreed that treatment goals had been met, then termination was introduced. When termination was introduced it was important that a date not be set because this would intensify anxiety in the client. He stated that the therapist and client must deal with the feelings aroused by termination, acknowledge them and work through them.

Clinical psychologist A felt that once termination was addressed in therapy sessions, all issues related to termination must be dealt with in the open. During the termination process he begins by shortening the sessions, then meeting bi-weekly, monthly, then on-call as needed. He always tells the client that they are free to come and visit whenever they want after they no longer meet in a therapist-client relationship.

Psychiatric social worker B felt that the process of termination should be handled in a reality oriented framework. The therapist must start well enough in advance in order to give the client time to work through the dynamics of the phase. In residential treatment settings the therapist should allow at least sixty days to work through the process. Initially, the client would deny any feelings about terminating but the therapist must give the client an okay to express his true feelings.

Clinical psychologist B felt that once the dynamics of the termination phase have been addressed then appointments should be spaced out to bi-weekly, monthly and then on-call.

Psychiatric social worker C believed that any specific process or method should be suited to each client. As a rule, however, he introduces

the time-limited aspect of treatment in the first session, sometimes by contracting for a number of sessions. He provided a case example of a young woman who presented problems of lack of assertiveness and an inability to make decisions. He contracted with her for six individual sessions and then a transfer to an assertive training group for women.

Theme III

To discover any problems encountered by clinicians in the course of their practice when terminating clients.

Psychiatrist A found problems of dependency and a sense of loss due to separation from a love object. He saw these as problems resulting from the fact that the client may have formed a solid relationship for the first time in his life with an accepting, loving figure. He also saw a recurrence of old pathology or a regression to old symptomatic behaviors which he interpreted as a last effort by the client to hold on to the therapist.

Psychiatric nurse A reported no problems encountered in this phase.

Psychiatric social worker A saw problems of dependency because the patient perceives the therapist as the instructor. She also reported problems of rejection because most of her patients had met with tremendous rejection and termination could be seen as rejection. She handled these problems by dealing with them openly and by leaving the door open for later help.

Residential therapist A saw the primary problem as anxiety where the patient asks, "Can I make it outside? Can I make it without my therapist?" After anxiety there was depression which literally occurred when the client finally realized the reality of his impending termination. He also reported fear because the client was leaving a safe environment (the residential facility), and a regression to earlier pathology as an attempt to convince the therapist that he was "too sick" to leave the facility.

Clinical psychologist A saw the primary problem as separation anxiety because the client translated termination into abandonment. He also saw a regression to old pathology and in outpatient settings, frequent crisis calls in between sessions. Both serve as "messages" to the therapist that the client doesn't want to let go of the relationship.

Psychiatric social worker B found that there was panic on the part of the client when he could no longer deny that termination was inevitable. As a result of this panic there was a regression to earlier symptomatic behaviors which was an attempt to force the therapist into giving up his plan for termination. The therapist must confront the client on these behaviors in a reality manner and deal with them immediately if termination was to proceed properly. He saw another problem where the therapist minimized or neglected to address the dynamics of the termination phase, or the therapist denied his feelings because he knew that the termination process would possibly stir up acting-out behaviors in the client and he didn't want to deal with them.

Clinical psychologist B saw problems of a fear of the unknown and separation from the therapist. He also reported an invariable regression

to old pathology as the client's convoluted way of saying that he didn't want to end the relationship.

Psychiatric social worker C reported the client had a fear of functioning in the community without the therapist and anxiety as an overwhelming feeling that he wouldn't be able to make it alone. Once the reality of the termination phase was faced, the client sometimes became depressed over the impending loss of the therapist. Regression to old pathology served as a way to try and abort the treatment process.

Theme IV

To ascertain if a relationship exists between problems encountered in the termination of treatment and the clinical setting in which termination takes place (inpatient or outpatient clinical settings).

Psychiatrist A saw the relationship between problems and clinical settings as a matter of degree. In inpatient settings dependency needs were met by the staff and this would make it harder for the patient to go back to a relatively unstructured environment (the home). In outpatient settings, however, the problems were to a lesser degree because the patient was functioning in the community during treatment.

Psychiatric nurse A believed that there was more decision making done by staff in an inpatient setting. This could be a problem since decision making was left pretty much up to the client in outpatient settings.

Psychiatric social worker A did not report a relationship between problems encountered in the termination phase and the clinical setting in which it took place. She did note, however, that the types of patients seen in each setting might possibly have an effect on the termination process. She felt that in outpatient settings clients appeared to have more chronic problems related to neuroses and self-image, and were seen over a greater period of time; whereas in inpatient settings there were patients being treated for acute problems over shorter periods of time.

Residential therapist A felt that termination was most difficult in residential and inpatient settings because there was a greater amount of individual time spent with the patient. The fact that the patient was terminating from a heavily structured environment also served to compound the difficulty. The type of relationship formed with the client in this setting was usually stronger than in outpatient settings because the dependency bond was stronger.

Clinical psychologist A observed "qualitative and quantitative differences" in problems encountered in the termination phase. He believed termination from inpatient settings was more problematic because there were greater numbers of people to terminate from, whereas in outpatient settings the client terminated from one person. In addition, a milieu setting provided an environment where primary needs were being met (food, clothing, shelter) and which the outpatient therapist did not become involved with.

Psychiatric social worker B stated that in looking at the separation process and what the client experiences, there were no differences in relation to clinical settings. However, in reality a client in an inpatient

setting would go through more trauma than a client seen on an outpatient basis. The outpatient client separated weekly; but if the relationship was very strong and intense, it could be as difficult as termination from an inpatient settings.

Clinical psychologist B felt that there was a greater effect on the client during termination from inpatient settings because of the greater number of people to terminate from. Additionally, therapy became "diluted" in an inpatient setting in the sense that there were many people and many different styles of relating to the client. So even though there was uniform consistency strived for, there would be individual variations in how the client was perceived during the termination phase.

Psychiatric social worker C believed that the problems were not different but their severity was related to the setting. In an inpatient setting there was greater structure and control in addition to a greater number of people to separate from, as compared to an outpatient setting where the client separated every week.

Theme V

To ascertain from a group of clinicians their consideration of the importance of full integration of the termination phase into treatment plans for individual clients.

Psychiatrist A felt that termination was an integral part of the treatment process and as such should be planned from the beginning. He believed that the therapist should incorporate the termination phase in

the treatment plan from the first day, but not necessarily sharing this information with the patient in their initial meeting.

Psychiatric Nurse A saw the termination phase as important as any other aspect of treatment and must be an integral part of the treatment process. She further stated that the patient needed to know that treatment was temporary and that he could function without the therapist.

Psychiatric social worker A planned termination from the very beginning with the prime focus on the goals that were set by client and therapist. She spoke of setting short-term and long-term goals and provided a case example to illustrate. She saw a young woman who was in a state of crisis because of a separation experience. The short-term goals were to provide support for problem solving and crisis work; the long-term goals were to ease the patient into a separation or assertive training group.

Residential therapist A saw termination as a measure of what had been accomplished in therapy or the quality of treatment as measured by the responses of the client. He builds termination into the intake interview, not by setting a date but by telling the adolescent client, "you will be here until these problems are worked out." He concluded by stating that termination was the most important part of the treatment process.

Clinical psychologist A stated that termination must be tailored to the individual and should be an integral part of the treatment plan. He qualified this statement by saying that clients with greater ego-strengths would not need to deal with termination from the very beginning because it would be less problematic for them. In inpatient settings he strongly

advocated after-care follow up, to help the client to develop resources and aid in the transition back into the community.

Psychiatric social worker B saw the termination phase as important as any other aspect of treatment. In outpatient settings contracts should be set and termination should be discussed from the very beginning because it was a part of the total treatment process. He cautioned therapists who used a humanistic approach in treating the individual, particularly in establishing the relationship. He felt that termination became more crucial to the client because the therapist could become the client's friend.

Clinical psychologist B saw termination as an integral part of the treatment process and should be considered as such from the beginning of the relationship. The direct planning of termination began at the time when goals were formulated.

Psychiatric social worker C felt that the termination phase should be a planned, integral part of the total treatment process.

Summary

The data presented in this chapter indicates that there was concensus on problems encountered in the termination of treatment in clinical settings as compared to problems reported in the review of the related literature. Chapter V is concerned with relating the findings of the field interviews to the review of the literature and from this discussion an hypothesis for use in clinical practice has been developed and stated.

CHAPTER V

DISCUSSION

Overview

This chapter serves as a synthesis for the study of the termination of treatment in clinical settings. The primary purpose is to relate the data obtained to the review of the literature in order to address the problem statement in Chapter I. As a result an hypothesis is formulated which can hopefully assist clinicians in providing better management of the termination phase. The study ends by addressing the implications of this study for social work practice and the researcher offers recommendations for terminating clients.

Discussion of the Data

The data obtained in this study were analyzed in three ways: by examining the meaning of the concept of termination of treatment as described by practicing clinicians in the community; by ascertaining if they encountered any problems when terminating clients; and methods they utilized in handling any problems encountered.

Each clinician interviewed felt that termination was that point in the treatment process whereby the therapeutic relationship must end with minimum stress for the client. They all considered it to be an integral part of the treatment process but differences were noted as to how important it was in a qualitative sense. It appeared that without exception,

the clinicians who had their primary interests and experience in inpatient clinical settings believed the termination phase to be the most important phase of the treatment process. The reasons given by these clinicians were a greater number of persons (staff) to terminate from and seemingly more important, the fact that the client was going from a heavily structured environment back to the environment that caused his difficulty to manifest initially, namely the community and the home. They indicated concern that gains made during inpatient treatment might be jeopardized by not heavily focusing on the termination phase with its resultant problems.

Interestingly, every problem reported by the clinicians (psychiatric nurse A reported no problems) was found in the review of the literature on termination. There were eight common problems which seemed to be of primary concern: rejection, dependency, fear and panic, anxiety, depression, rejection, regression to former behavior, and a sense of loss due to separation. Anxiety over termination and regression to previous levels of functioning were the most commonly reported problems. The researcher also noted differences in emphasis as reported by the clinicians and the literature. The majority of writings in the literature were done by psychoanalysts and they seemed to focus on termination as separation from a primary love object. Following this approach, they saw termination as a mourning process where the client had problems separating from the parent figure of the analyst. Although the clinicians practicing in outpatient settings tended to follow this emphasis, the clinicians practicing in inpatient settings seemed to place more emphasis on the anxiety provoked by the fear of entering into a different environment.

Methods for handling these problems as a way of maximizing gains made during treatment were very similar in the literature and in clinical practice. The literature advised consultation with other staff in an outpatient setting; enhancing the coping skills of the client by focusing on past experiences in terminating; a gradual weaning process whereby the phase of termination was proceeded with caution and deliberation; and working through the feelings aroused in this phase through reality-oriented discussion.

The primary method for handling these problems as reported by the clinicians was reality-oriented discussion at the very time the problems were noticed. Each clinician was in agreement on the point that if the problems weren't dealt with as they arose, then termination would not proceed properly. In inpatient settings consultation with other staff members who were familiar with the patient was a planned part of their handling of problems encountered in this phase. In outpatient settings clinicians were more likely to focus on the fact that the client terminated weekly and therefore, inadvertently acquired coping skills in separating. Clinicians were also in agreement on the point of proceeding slowly with the termination process and they advocated spacing appointments further apart (weekly to bi-weekly to monthly to on-call) after the decision had been made to terminate the therapeutic relationship.

An aspect addressing the problems encountered in the termination phase and methods of handling problems was the therapists' reactions to termination. Inpatient clinicians saw a problem when therapists were sometimes resistant to terminate because of the very problems that were stirred up at the time. They might deny their feelings because of having to deal with some very intense acting-out behaviors. Related to this was the

importance of a therapist's method of handling regression to earlier symptomatic behavior. Clinicians were emphatic in stating that if termination was proceeding properly, then regression to earlier levels of functioning should not be considered as true regression; rather they should interpret it as the client's way of trying to avoid termination by attempting to show the therapist that they were too sick to stop treatment.

Discussion of the Assumptions

The formulation of an hypothesis is based on the presentation and analysis of the data collected and the underlying assumptions of the study. The results of the study appear to indicate that problems arising during the termination phase were specific to that phase and a consideration of the different problems encountered could influence the successful completion of the termination phase. There also was evidence that the termination of treatment would have an effect on the therapist as well as the client. The assumption that problems encountered in the termination phase might be different for inpatient and outpatient clinical settings proved false, since the data indicated that there were differences concerning severity, not kinds of problems.

Hypothesis

There are problems inherent in the termination of treatment from clinical settings and the proper management of these problems will increase the likelihood for successful completion of the termination phase.

Conclusions and Recommendations: Implications for Social Work Practice

The termination phase of the treatment process has been the most neglected phase of the treatment process. As a reason for this reality, the

researcher speculates that by examining the results of our clinical work with clients by focusing on termination, we are in fact baring our credibility as a profession in the field of human services. It is a fact that today, social workers as a group provide more direct therapeutic services to clients than any other profession, including psychiatry. At a time when our profession is being attacked for lack of credibility, accountability, and effectiveness, it appears as though we would be helping our critics by neglecting this very important phase of treatment. Clients are not brought into the human services delivery system and expected to stay indefinitely because our profession has something to offer them. This being the case, we must focus more attention on the termination phase of the treatment process. The rewards for the social work profession will be enormous: the smooth transition of our clients back into a more satisfying and self-actualizing social existence.

In concluding this study, the researcher offers some recommendations for clinical practitioners that might be of help in terminating clients.

IT IS RECOMMENDED THAT:

1. termination should be planned from the very beginning of the treatment process, preferably during the initial contact.
2. termination should be considered as equally important to any other phase of the treatment process, such as intake and ongoing process.

3. the problems that are encountered in the termination of treatment should be considered as phase specific and appropriate.

4. in setting a date for termination, the clinician should be flexible enough to allow for individual variations to the process.

5. the client should be included in the planning for his termination from treatment.

6. this study serve as an impetus for further investigation and action.

REFERENCES

REFERENCES

- Allen, F. H. The ending phase of therapy. In M. Haworth (ed.), Child psychotherapy. New York: Basic Books, 1964.
- Bolen, J. Easing the pain of termination for adolescents. Social Casework, 1972, 53, 519-527.
- Buxbaum, E. Technique of terminating analysis. International Journal of Psychoanalysis, 1950, 31, 184-190.
- Compton, B. R., & Galaway, B. Social work processes. Homewood, Ill.: Dorsey Press, 1975.
- Edelson, M. The termination of intensive psychotherapy. Springfield, Ill.: Thomas, 1963.
- Ferenczi, S. The problem of the termination of the analysis. In M. Balint (ed.), Final contributions to the problems and methods of psychoanalysis. New York: Basic Books, 1955.
- Fox, E. F., Nelson, M. A., & Bolman, W. The termination process: A neglected dimension in social work. Social Work, 1969, 14, 53-63.
- Freud, S. Analysis terminable and interminable. International Journal of Psychoanalysis, 1937, 18, 373-405.
- Hiatt, H. The problem of termination of psychotherapy. American Journal of Psychotherapy, 1965, 19, 607-615.
- Kerlinger, F. Foundations of behavioral research: educational and psychological inquiry. New York: Holt, Rinehart & Winston, 1967.
- Klein, M. On the criteria for the termination of an analysis. International Journal of Psychoanalysis, 1950, 31, 204.
- Northen, H. Social work with groups. New York: Columbia Press, 1969.

- Payne, S. Short communications on criteria for terminating analysis. International Journal of Psychoanalysis, 1950, 31, 205.
- Pumpian-Mindlin, E. Comments on techniques of termination and transfer in a clinic setting. American Journal of Psychotherapy, 1958, 12, 455-464.
- Reich, A. On the termination of analysis. International Journal of Psychoanalysis, 1950, 31, 179-183.
- Ross, A. O. Interruptions and termination of treatment. In M. Haworth (ed.), Child psychotherapy. New York: Basic Books, 1964.
- Schiff, S. K. Termination of therapy: problems in a community psychiatric outpatient clinic. Archives of General Psychiatry, 1962, 6, 77-82.
- Stoeffler, V. R. The separation phenomenon in residential treatment. Social Casework, 1960, 41, 523-530.
- Taft, J. Comments on termination. In M. Haworth (ed.), Child psychotherapy. New York: Basic Books, 1964.
- Tripodi, Fellin & Meyer. The assessment of social research. Itasca, Ill.: F. E. Peacock Pub., 1969.
- Weigert, E. Contribution to the problem of terminating psychoanalysis. Psychoanalytic Quarterly, 1952, 21, 465-479.

Biographical Sketch

Joseph Anthony DePinto was born and reared in Brooklyn, New York. He completed his B.S. in Social Work from Arizona State University in 1973 and has been employed in various clinical positions. His primary experience has been with adolescents in inpatient settings and he is specializing in children and family services.